

**MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101594300

FILING DATE

09.26.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	0		1			
2		1		1		
3		1		1		
4		2		1		
5	1			1		
6	1			1		
7	1			1		
8	1			1		
9	1			1		
10	1			1		
11	1			1		
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50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	11	←	10	←		←
TOTAL CLAIMS	12		11			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						